

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET  
(OR USE WITH FORM PTO-875)

SERIAL NO.

10-070053

FILING DA.

APPLICANT(S)

## CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT				
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					98			
					99			
					100			
TOT. IND.					TOTAL IND.			
TOT. DEP.					TOTAL DEP.			
TOT. CLM					TOTAL CLAIMS			
39								
42								